

RECEIVED 972 477 9328 P.03/19  
CENTRAL FAX CENTERAUG 23 2004  
OFFICIALSerial No.: 10/826,101  
Group Art Unit: 2815

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|               |                                                          |           |              |
|---------------|----------------------------------------------------------|-----------|--------------|
| Applicant(s): | Wu, et al.                                               | Docket:   | 139240CIP    |
| Serial No.:   | 10/826,101                                               | Art Unit: | 2815         |
| Filed:        | April 17, 2004                                           | Examiner: | Not Assigned |
| Title:        | Multimode/Voice Screen Simultaneous Communication Device |           |              |

PRELIMINARY AMENDMENT

Mail Stop Non-Fee Amendments  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

## Certificate Under 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being transmitted via facsimile to the U.S. Patent Office to 703-872-9306, on August 23, 2004 in accordance with 37 C.F.R. §1.6(d).

*Melanie Murock*  
Melanie Murock

Dear Commissioner:

Please enter the following preliminary amendment to the Claims prior to examination of the above-referenced patent application:

Fee Only

08/31/2004 KJONES3 00000001 500838 10826101

|            |           |
|------------|-----------|
| 01 FC:1201 | 86.00 DA  |
| 02 FC:1202 | 108.00 DA |

Page 1

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10826101

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

|                                                           |               |              |
|-----------------------------------------------------------|---------------|--------------|
| TOTAL CLAIMS                                              | 48            |              |
| FOR                                                       | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 48 minus 20 = | 28           |
| INDEPENDENT CLAIMS                                        | 5 minus 3 =   | 2            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| X\$ 9=    |        | OR | X\$18=    | 504    |
| X43=      |        | OR | X86=      | 172    |
| +145=     |        | OR | +290=     |        |
| TOTAL     |        | OR | TOTAL     | 1440   |

If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| AMENDMENT A                                                             | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------------------------------------------------------------------|----------------------------------|-------|------------------------------------|---------------|
| Total                                                                   | 54                               | Minus | 48                                 | 6             |
| Independent                                                             | 6                                | Minus | 5                                  | 1             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           | 108            |
| X43=             |                | OR | X86=             | 86             |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE | 199            |

| AMENDMENT B                                                             | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------------------------------------------------------------------|----------------------------------|-------|------------------------------------|---------------|
| Total                                                                   |                                  | Minus |                                    |               |
| Independent                                                             |                                  | Minus |                                    |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

| AMENDMENT C                                                             | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------------------------------------------------------------------|----------------------------------|-------|------------------------------------|---------------|
| Total                                                                   |                                  | Minus |                                    |               |
| Independent                                                             |                                  | Minus |                                    |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.